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FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (93-45)//
POC/CAPT PERRY BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)
653-1315/TEL:DSN 294-1315/-//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(930435)-GRATEFUL FATHER THANKS NURSE FOR HIS DAUGHTER'S LIFE
(930436)-IPP DEADLINE FOR PAS IS 15 DECEMBER
(930437)-HOSPITAL SHIP COMFORT COMPLETES DOCK TRIALS
(930438)-BUMED/NMIMC BULLETIN BOARD HAS PUBLIC AFFAIRS INFO
(930439)-QUOTABLE QUOTE: USNH ROTA PRAISED
(930440)-TOBACCO INDUSTRY SUCCESSFULLY TARGETED BLACKS
(930441)-HEALTHWATCH: ALCOHOL AFFECTS JUDGMENT
(930442)-HIV AND YOU!
(930443)-1994 NAVY MEDICAL MIS CONFERENCE (PARA 4)

HEADLINE: Grateful Father Thanks Nurse for His Daughter's Life
NAVHOSP Camp Pendleton, CA (NSMN) -- A vacationing nurse from Naval Hospital Camp Pendleton saved the life of a young woman involved in an automobile crash in San Felipe, Mexico, 5 September.

The incident was brought to the attention of CAPT James Staiger, commanding officer of Naval Hospital Camp Pendleton, by Mr. Richard G. Deleissegues, whose daughter, Melissa, a 2LT in the U.S. Army Reserve, was seriously injured in the head-on collision that also involved two other people.

"I feel that Commander Lora De Simone (NC, USN) saved my daughter's life," Deleissegues said. "She took charge of the situation and kept the well-meaning, but untrained, bystanders away and directed treatment at the Red Cross clinic when no doctor arrived." He also said De Simone was instrumental in convincing the local authorities of "the need to air-evacuate my daughter to a major trauma center in the United States."

Deleissegues, a retired U.S. Army Reserve colonel, said the Navy nurse prevented people from yanking Melissa out of the

wrecked vehicle and insisted that she remain in the vehicle until she could be removed by means of the "jaws of life." Later, with a surf board providing back support, the injured woman was removed through the rear window of the car. Throughout the ordeal, De Simone stayed with Melissa, leaving her side only when she was on her way via Critical Air evacuation aircraft to Sharp Memorial Hospital in San Diego.

"In my judgment, Commander De Simone deserves the Life Saving Medal," said Melissa's father. "There is no doubt that without her assistance, Melissa would not be with us today."

Deleissegues said that De Simone's actions were above and beyond the call of duty when she gave of her own time and training to save the life of his daughter.

De Simone, a family practice nurse practitioner, said that at the time her main concern was that Melissa keep breathing. "Her legs were trapped and the engine was sitting on her lap," said De Simone.

As a nurse who worked in the emergency room and the ICU, De Simone said she had been exposed to life and death situations before, but it was always in a clinical setting with the proper equipment and back-up people. However, De Simone said, "I have been in situations before where I have called the shots, and helping Melissa and her companion was second nature."

Melissa was vacationing in Mexico with her brother, Richard, and a friend, Rafael Navarro. Navarro sustained two broken arms from the accident; her brother was not in the car. Melissa's injuries included two broken legs, two broken arms, broken left shoulder, concussion, a collapsed lung and lacerated liver.

Melissa's mother, Rebecca Deleissegues, said she sent De Simone a letter updating her of Melissa's remarkable recovery and expressing her heartfelt thanks. Rebecca said her daughter is now walking and planning to be back at school (Loyola Law School) early next year.

"She was in the Intensive Care Unit for fifteen days," said Rebecca. "It was a miracle that someone was there (in Mexico) with the knowledge on how to extract her from the car. Both Dick and I cannot thank her (De Simone) enough for giving Melissa a second chance. There had been so many miracles."

Story by HM2 Edgar Nem Singh

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HEADLINE: IPP Deadline for PAs is 15 December

BUMED Washington (NSMN) -- Applications for the Inservice Procurement Program for Physician Assistants are due to the Bureau of Naval Personnel no later than 15 December for E-5s and above who meet the criteria detailed in NMPC Instruction 1131.3A of 1989.

One of the instruction's requirements is that applicants must be younger than 35 when they are commissioned, which occurs after completion of the two-year physician assistant training program. BUPERS expects to release a message soon that will authorize an age waiver for the IPP-PA. The waiver will allow people who will be younger than 38 on 1 October 1994 to apply for the program, and the message will extend the deadline for those

who need the age waiver to 15 January 1993.

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HEADLINE: Hospital Ship Comfort Completes Dock Trials

USNS Comfort (NSMN) -- During the week of 20-24 September, 42 people reported for temporary additional duty aboard USNS Comfort (T-AH 20) in Baltimore for dock trials. Most of these people were nurses, hospital corpsmen, mess specialists, storekeepers, ship servicemen and administrative support personnel from National Naval Medical Center, Bethesda, MD. Some aviation boatswains mates reported from Naval Hospital Patuxent River, MD.

Dock trials is a term used to describe the quarterly equipment checks, steam system tests and supply inventories completed every three months while the hospital ship remains in port "at the dock."

The dock trials permit Comfort to maintain medical equipment readiness, personnel readiness and training standards as the ship is prepared to transition from reduced to full operating status, while "standing by to assist" when called upon to perform combat casualty care and medical support missions for the operating forces.

On the first day, all shore power, shore steam, firemain water pressure and pier services are disconnected and the ship's boiler is "lit off," allowing Comfort to provide its own steam and electrical power throughout the ship. The temporary personnel arriving for quarterly dock trials worked in their rating or division just as they would upon activation or mobilization of the hospital ship. They received a berthing compartment, linens, damage control and lifeboat assignment and ate meals on board.

Most of the people had previously attended orientation on board Comfort and reported directly to work on day one.

On days two and three, the ship's steam found its way to central sterile receiving (CSR), the galley and the ship's laundry. Corpsmen also completed frozen blood inventory and performed lab equipment checks.

In the CSR, operating room nurses and technicians organized and evaluated surgical instruments, and tested the steam operated sterilizers.

In the galley, mess specialists tested steam lines, water supply lines and electric circuits that operate large 60 gallon kettles, the steam dishwasher, more than 20 ovens, and refrigerators. They also reviewed food service menus.

In the laundry, ship servicemen operated the 200-pound washer extractors and 100-pound dryers, washing and drying hospital linen before it was wrapped, packed and stored for future use.

At the same time, corpsmen tested more than 4,000 pieces of medical equipment in casualty receiving, operating rooms, intensive care units, CSR and the wards. Ward corpsmen conducted inventories of medical supplies while nurses reviewed shipboard nursing standard policy and procedure manuals for the clinical units.

The aviation boatswain mates checked helicopter flight deck equipment and the JP-5 refueling system equipment.

On days four and five, equipment and steam system equipment checks were completed, medical and food supply inventories were tallied and TAD people finished their projects so the ship could return to shore power and shore steam on the last day of dock trials.

The medical treatment facility's officer in charge of the reduced operating status (ROS) crew, CDR J.D. Harrahill, MSC, and the MTF's commanding officer of the full operating status (FOS) crew, CAPT Blankenship, MC, USN, had an end-of-dock-trials quarterly meeting with department heads from NNMC and division officers from the ship. They reviewed the week's accomplishments, completed projects, equipment status and personnel staffing needs, making plans for continuous improvement at the next dock trials, scheduled for 13-17 December.

Story by LCDR J.F. Brado, MSC

Reprinted from The Journal, NNMC Bethesda, 28 October 1993

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HEADLINE: BUMED/NMIMC Bulletin Board Has Public Affairs Info

BUMED Washington (NSMN) -- Navy medicine's electronic bulletin board, run by the Naval Medical Information Management Center in Bethesda, MD, has a new section devoted to Public Affairs.

If you have a modem, you can call the BUMED/NMIMC BB at (301) 295-5541; settings are 2400 baud, even parity, 7 data bits, 1 stop bit, and terminal emulation is VT100. For InterNet access, the IP address is 131.158.50.110 (at the DOS prompt, network users can type "log 131.158.50.110" -- without the quotation marks).

You can enter the bulletin board with the user identification "media" -- no password (or quotation marks) required. Select the PAO_INFO directory, and then select any of its sub-directories (with PAO_INFO highlighted, press the F3 key, which will reveal a menu that has "zoom" highlighted, then press return). You can view and download files from these sub-directories, although currently there are only a few files available.

Contact your command's Management Information System (MIS) office for assistance if you have trouble getting on the BUMED/NMIMC bulletin board. The NMIMC Trouble Desk number is (301) 295-0809, DSN 295-0809. The PAO_INFO directory is managed by Mrs. Liz Lavallee of BUMED's public affairs office; (202) 653-1315, DSN 294-1315.

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HEADLINE: Quotable Quote: USNH Rota Praised

USNH Rota, Spain (NSMN) -- The following letter was published in the European Stars and Stripes, 31 October 1993:

"I have been exposed to military medicine for 60 years -- the gamut running from the routine physicals, shots, et al, to several lengthy hospitalizations for causes far removed from the sick, lame and lazy categories. Physical facilities have ranged

from field installations to upscale facilities such as Fitzsimons and 97th General hospitals and their ilk. While in no way do I fault the care received, it all pales when compared to that rendered by the U.S. Naval Hospital in Rota, Spain.

"In my book, as a fully qualified patient, this facility is excellence defined.

"All of the hospital personnel with whom I have had contact, and there are many, each and every one has responded in a positive, pleasant and professional manner."

Signed, K.D. Foresblade, Madrid, Spain.

-USN-

HEADLINE: Tobacco Industry Successfully Targeted Blacks

AMNEWS Chicago, IL (NSMN) -- The tobacco industry is one of Black America's greatest benefactors and leading killers, according to a report in last week's American Medical News, published by the American Medical Association.

Over the last half century, major African-American organizations have accepted millions of dollars in philanthropy from tobacco companies, while industry executives have served as directors of such groups as the National Urban League and United Negro College Fund. Meanwhile, black adults smoke at higher rates than other U.S. population groups; more than 45,000 African-Americans died of smoking-related diseases in 1992, AMNews reported.

In 1991, 6 million black adults, or 29 percent, smoked cigarettes, an increase of 3 percent over 1990, according to the U.S. Centers for Disease Control and Prevention (CDC). For years, few challenged the interdependence between tobacco and Black America, since few alternate funding sources were available to African-American groups.

But in July, the National Medical Association (NMA) and CDC launched a \$200,000 ad campaign urging blacks to kick cigarettes.

It also issues another plea. In view of tobacco advertising that targets black youth, "We've asked some of our brother and sister organizations to take a look at the financial support they may receive from tobacco corporations," said Leonard E. Lawrence, MD, president of the NMA, which represents 17,000 minority physicians.

To critics, the tobacco industry is buying innocence by association. But others argue minority groups should take the money, so long as no strings are attached. They accuse critics of hypocrisy, noting that several women's groups long welcomed contributions from Playboy magazine, while environmental groups have accepted money from companies like Exxon Corporation. Some charitable and health organizations also take money from tobacco companies, AMNews reported.

Gilbert Jonas, director of program resources for the National Association for the Advancement of Colored People, concedes it is getting harder to accept the money as the NAACP steps up its efforts to improve African-American health.

But according to Reed V. Tuckson, MD, president of the predominantly black Charles R. Drew University of Medicine and

Science in Los Angeles, the choice for African-American groups is clear: "The magnitude of the threat of this product is such that I believe it supersedes all other considerations."

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HEADLINE: HEALTHWATCH: Alcohol Affects Judgment

USNH Yokosuka, Japan (NSMN) -- For every age between 6 and 33, traffic crashes are the greatest single cause of death, and alcohol is a factor in 45.1 percent of all fatal traffic accidents. In 1992, around 17,700 Americans died in alcohol-related accidents -- about one-third of the victims were under the age of 25. During the first three quarters of 1993, traffic fatalities took the lives of 316 military members. Of these, 65, or 19.2 percent, stemmed from alcohol-related accidents.

Many people claim they feel alert after a few drinks, but regardless how they feel, drinkers are less able to perform tasks that require skill and attention, such as driving a vehicle. Safe and efficient driving depends on constant attention and split-second decision-making.

Drinking leads to slowed reactions and impairment of reflexes, coordination, memory and judgment. Eighty-five to 90 percent of the information we receive while in traffic comes through the eyes. Without a clear picture, accident-free driving is next to impossible. Alcohol decreases your pupil reaction time, depth perception and peripheral vision. Since seeing is fundamental for safe driving, drivers who are impaired by alcohol are more likely to be involved in traffic accidents.

With a .05 percent blood alcohol concentration (BAC), a person increases the likelihood of a crash one-and-one-half times; with a .10 percent BAC, the chance for a crash increases five times; with a .15 percent BAC, the chance increases 26 times. Most states consider a blood alcohol concentration of .10 as legal intoxication; nine states have followed recommendations to lower that to .08. In 1992, 34.2 percent of fatally injured drivers under 21 had known BACs of .01 or above.

Don't drink and drive. Training yourself to drink responsibly will help you avoid drunk driving.

Don't drink more than one drink an hour -- no matter what the drink is. One beer or one glass of wine is about equal to a shot of whiskey.

Set a limit -- determine in advance how many drinks you can safely have and stick with that decision.

Taper off -- remember, it takes time to recover from alcohol.

Eat -- food, especially protein, allows alcohol absorption.

Ideally, if you drink, you won't drive. Groups should use designated drivers; you can have a sober friend drive you home; call a cab; even spend the night.

Make a promise to yourself, your family and your friends not to drink and drive. This year's theme for National Drunk and Drugged Driving Prevention Month is "Let's Take a Stand: Friends Don't Let Friends Drive Drunk." Let's take it to heart.

Story by Hilary Valdez, counselor, Alcohol Rehabilitation Division, U.S. Naval Hospital Yokosuka. Additional information

provided by the Department of Health and Human Services and the Armed Forces Information Service Press Pack.

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HEADLINE: HIV and You!

BUMED Washington (NSMN) -- "Time to Act" is the theme selected by the World Health Organization for the sixth annual World AIDS Day, 1 December 1993. This year's theme focuses attention on the need for action against the pandemic of human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS).

WHO estimates that 13 million men, women and children worldwide have been infected with HIV, and believes 40 million people could be infected by the year 2000. Each day, an estimated 5,000 people are newly infected; in a year, at least an additional 1 million women, or two women every minute, will be infected with HIV. Currently, three men are infected for every two women, but WHO estimates that by the year 2000, the number of new infections will be roughly equal in both sexes.

To increase a woman's choices of protection against HIV infection, WHO scientists are working with drug companies and regulators to develop a new product -- a gel or foam spray that will destroy HIV in the vagina.

Today, condoms remain the primary means of preventing HIV transmission, although many men remain reluctant to use them. A reliable vaginal microbicide or viricide would join the male condom as a prime vehicle for prevention and be instrumental in combating the future spread of this epidemic.

Information from the World Health Organization, a United Nations agency that coordinates the fight against AIDS.

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4. Professional Notes: Information on upcoming symposiums or conferences of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Meetings scheduled for December:

-- 7-10 December 1993, Navy Aeromedical Problems Course and Aerospace Medicine Technician Problems Course. For information, call (904) 452-2457/2458, DSN 922-2457/2458.

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HEADLINE: 1994 Navy Medical MIS Conference

NMIMC Bethesda, MD (NSMN) -- The Naval Medical Information Management Center Bethesda will host the 4th Annual Management Information System (MIS) Conference 24-28 January 1994 at the Hyatt Fair Lakes, 1277 Fair Lakes Circle, Fairfax, VA.

The purpose of the conference is to update MIS professionals from medical and dental facilities on planned system implementations that will impact their respective commands during the next year. Additionally, the conference objective is to provide current status of Department of Defense, Navy and Medical Department MIS initiatives including Corporate Information

Management, Coordinated and Managed Care, Video-Teleconferencing, Document Imaging, MIS contracting and funding issues, career planning and status of major DOD and Navy Medical standard systems. Previous MIS conferences provided effective avenues for sharing information, ideas and system problem resolution.

Due to limitations of the conference facility, only two representatives from each medical or dental treatment facility may attend. The Naval Medical Information Management Center will fund one attendee per facility. Funding for a second attendee must be provided by the parent command. Pre-registration for the conference will be held on Sunday, 23 January, in the lobby area of the Hyatt Fair Lakes from 1200 to 2300. Reservations for lodging must be placed by attendees prior to 9 January 1994 -- call 1 800 233-1234 or (703) 818-1234 for reservations.

Commands should submit nominees to the Naval Medical Information Management Center by e-mail (dsc1tam@imc10.med.navy.mil). If a command does not have e-mail, please respond by message or fax -- (301) 295-1102. Deadline for nominations is 6 December 1993. Please ensure command name, nominee name, rank or GS level, corps, billet title, social security number and desire for appointment with specialty advisor and/or detailer are provided in the submissions.

Points of contact at the Naval Medical Information Management Center are LCDR Stanley W. Godlewski Jr., MSC, or Mrs. Tammy McIlwain at (301) 295-0859, DSN 295-0859.

NAVMEDINFOMGMTCEN BETHESDA MD message 020941Z NOV 93 provides additional information regarding the conference.

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5. Month of December observances and events occurring 28 November - 4 December:

November

28 November-4 December: National Home Care Week

29 November-3 December: O-8 MC and DC Selection Boards Meet

30 November-2 December: Selection board for O-6, O-5 NC

Selective Early Retirement meets

30 November: E-6 Eval due

December

National Drunk and Drugged Driving Prevention Month

1 December: World AIDS Day

3 December 1775: Dr. Joseph Harrison appointed as ship's surgeon for the newly commissioned 24-gun armed merchantman Alfred, an event some consider the birth of the Navy's medical corps, which was subsequently established by Congress 3 March 1871

4 December: Army-Navy Football Game

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6. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-1315; DSN 294-1315. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL.

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